

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Defend Louisiana PAC			FEC IDENTIFICATION NUMBER ▼ C C00616128		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee BOLD			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016		
Mailing Address 1746 Jackson Ave			Amount 6000.00		
City New Orleans	State LA	Zip Code 70115	Transaction ID : SE.4355		
Purpose of Expenditure Community outreach		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016		
Name of Federal Candidate CAMPBELL, FOSTER LONNIE II, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 257090.52			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jefferson United			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016		
Mailing Address 1901 Manhattan Blvd. Suite 203			Amount 10000.00		
City Harvey	State LA	Zip Code 70058	Transaction ID : SE.4356		
Purpose of Expenditure Community outreach		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016		
Name of Federal Candidate CAMPBELL, FOSTER LONNIE II, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 276090.52			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Townsend, Taylor, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 10 / 31 / 2016		